

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10786265

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 26 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 26 minus 20 = | 6 |
| INDEPENDENT CLAIMS | 1 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|-------|---|------------------|
| | | Minus | = | | |
| | Total | • | Minus | •• | = |
| | Independent | • | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

| SMALL ENTITY TYPE | OTHER THAN OR SMALL ENTITY | | | |
|----------------------|-------------------------------|------|--------------|--------|
| | RATE | FEES | RATE | FEES |
| BASIC FEE | 385.00 | | OR BASIC FEE | 770.00 |
| XS 9= | | | OR XS18= | (08) |
| X43= | | | OR X86= | |
| +145= | | | OR -290= | |
| TOTAL | | | OR TOTAL | 778 |

| SMALL ENTITY | OTHER THAN OR SMALL ENTITY | | | |
|------------------|-------------------------------|-------------------|---------------------|-------------------|
| | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| XS 9= | | | OR XS18= | |
| X43= | | | OR X86= | |
| +145= | | | OR +290= | |
| TOTAL ADDIT. FEE | | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|-------|---|------------------|
| | | Minus | = | | |
| | Total | • | Minus | •• | = |
| | Independent | • | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|-------|---|------------------|
| | | Minus | = | | |
| | Total | • | Minus | •• | = |
| | Independent | • | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.